USDA-AMS REQUEST FOR CLEARANCE/APPROVAL OF ISSUANCE						INSTRUCTIONS: Originating Office - Complete Section A 1. Attach proposed issuance and send to Information Management Branch, (IMB), Compliance and Analysis, Room 3528-S.			
	CE CATEGORY		<u> </u>						
PROGRAM/STAFF ISS				DIECTIA		Issuance Change	DISTRIBUTION (To be	e filled in by fivib)	
				^ Notice		Handbook/Manual			
TITLE OF DRODOSED ISSUANCE				Notice	Т	SSUANCE NUMBER	IMB REVIEWER	TELEPHONE NUMBER	
TITLE OF PROPOSED ISSUANCE					1	SSUANCE NUMBER	IMB REVIEWER	TELEPHONE NUMBER	
			SE.	STION A CLE	Α.	ANCEC			
1. ORIGINATING PROGRAM	TION A - CLE	FION A - CLEARANCES SIGNATURE			DATE				
a. Author		5.5			DATE				
a. Author Telephone Number									
b. Supervisor	Telephone Number								
J. Caparrico.	rolophono rrambo.								
c. Branch Chief/Program Manager Telephone Number									
d. Deputy Administrator/Staff Director Telephone Number									
' '									
2. APPROVED FOR REVIEW/CLEARANCE	(Branch Chief,	IM	B)						
3. REVIEW/CLEARANCE OFFICIAL (To be filled in by IMB)				PROGRAM/S	STA	FF		DUE DATE	
4. REVIEW/CLEARANCE OFFICIAL RESPONS	SIGNATURE	:			DATE				
CONCUR CONCUR WITH									
CHANGES MARKED									
COMMENTS									
		_							
After Review/Clearance, Send to AMS-Compliance and Analysis-IMB, Room 3528-S									
1 ACENCY DESIGNAL DESPONSIBLE FOR	SECT	ION B - FINAL	ΑP	PROVALS		1			
AGENCY OFFICIAL RESPONSIBLE FOR FINAL					DATE				
REVIEW BEFORE SIGNATURE OF									
ISSUANCE									
2. DOCUMENT SIGNED BY (Name and title)								DATE	

After Signature, Send to AMS-Compliance and Analysis-IMB, Room 3528-S

DATE

3. DOCUMENT RETURNED UNSIGNED (Please explain)